INTERPRETER ATTENDANCE RECORD for DAILY USE ONLY

| NAME: | | | Presiding Official: | THE HONG | DRABLE | | | |
|---|----------------------------|---|--------------------------|-------------------------------------|-------------------|---------------------|----------------------------|--|
| ADDRESS: | | | _ | | | U. S. District Ju | udge Magistrate Judge | |
| | | | LANGUAGE: | | | | | |
| | | | _ | | | | or NON-CERTIFIED | |
| SOC. SEC. NO.: | | | All other languages: | | | | | |
| TELEPHONE: | | | PROFESSIONALLY QUALIFIED | | | or LANGUAGE SKILLED | | |
| DATE | CASE NUMBER | CASE NAME | TYPE OF HEARING | START TIME | COMPLETION | BILLABLE | AMOUNT OF SERVICES CLAIMED | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TRAVEL TIME | - | DEPARTED | ARRIVED | | | | | |
| | | DEFARTED | ARRIVED | TOTAL SERVICES CLAIMED: | | | | |
| RESIDENCE to COURTHOUSE | | | | TOTAL TRAVEL EXPENSES: | | | | |
| COURTHOUSE to RESIDENCE | | | | 1012 | AL IRAVEL EXP | ENSES: | | |
| TRAVEL EXPENSES | | | | | | | | |
| TOTAL NUMBER OF MILES: | | x cents = | - | GRAI | ND TOTAL: | | | |
| OTHER EXPE | NSES: | Total Other Expenses: | | | | | | |
| Parking | | _ | | | | | | |
| Other | | TOTAL TRAVEL EXPENSES: | | = | Interpreter Signa | ature | Date | |
| | | | | | | | | |
| TO BE COMPLE | ETED BY CASE MANAGEMENT | DEPUTY: | | | | | | |
| This is to certify that record and did perform the functions as set for | | | | , as stated in the above attendance | | | | |
| IN TESTIMON | Y WHEREOF, I have hereunto | o subscribed my name and affixed the seal of this c | ourt at | , | Indiana, on | | <u>.</u> | |
| Revised 2/08 | | STEPHEN R. LUDWIG, CLERK, by, Deputy Clerk | | | | | | |